

**CRITERIA FOR PRIOR AUTHORIZATION**

NSAID plus PPI/H2 Blocking Agents Step Therapy

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Ibuprofen/famotidine (Duexis®)  
Naproxen/esomeprazole (Vimovo®)

**CRITERIA FOR PRIOR AUTHORIZATION APPROVAL** (must meet all of the following):

- Patient must have a diagnosis of rheumatoid arthritis (RA) or ankylosing spondylitis (AS)
- Patient must have a trial of concurrent use of:
  - Ibuprofen and famotidine as individual agents for at least 90 days (for Duexis)
  - Naproxen and esomeprazole as individual agents for at least 90 days (for Vimovo)

**LENGTH OF APPROVAL:** 12 months

---

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

---

PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

---

DATE

---

DATE